[5] Martin P, Carter D, Fabrizi F, Dixit V, Conrad AJ, Artinian L, et al. Histopathological features of hepatitis C in renal transplant candidates. Transplantation 2000;69:1479–1484.
[6] Samonakis DN, Cholongitas E, Triantos CK, Griffiths P, Dhillon AP, Thalheimer U, et al. Sustained, spontaneous disappearance of serum HCV-RNA under immunosuppression after liver transplantation for HCV cirrhosis. J Hepatol 2005;43:1091–1093.
[7] Roche B, Samuel D. Risk factors for hepatitis C recurrence after liver transplantation. J Viral Hepat 2007;14 (Suppl. 1): 89–96.
[8] Cholongitas E, Quaglia A, Samonakis DN, Papatheodoridis G, Senzolo M, Triantos C, et al. Patients with recurrent HCV infection and renal dysfunction after liver transplantation have slower fibrosis progression. J Hepatol 2006;44:S58.

Evangelos Cholongitas
Pinelopi Manousou
Dimitrios Samonakis
Andrew K. Burroughs *
The Royal Free Sheila Sherlock Liver Centre and Department of Surgery, Royal Free Hospital, Pond Street, Hampstead, London NW3 2QG, UK
* *Tel.: +44 20 74726229; fax: +44 20 74726226.*
E-mail address: Andrew.Burroughs@royalfree.nhs.uk (A.K. Burroughs).

doi:10.1016/j.jhep.2008.12.003

Progression of HCV infection in patients with chronic kidney disease: Reply

To the Editor:

We thank Dr. Cholongitas and colleagues for their comments on our recent review in this Journal on HCV in patients with chronic kidney disease (CKD) and for highlighting findings from other groups who have performed liver biopsies in these patients. As they note we had suggested in a paper several years ago that hemodialysis or perhaps uremia may provide some protective effect against fibrosis development in patients with HCV infection [1]. As cited in our paper, an international group of hepatologists and nephrologists has developed guidelines, under the auspices of the National Kidney Foundation, to guide the management of patients with CKD and HCV infection [2]. Prospective studies with serial liver biopsies are clearly required in this patient population to further define the natural history of HCV infection at various stages of CKD including post renal transplantation particularly as treatment options for HCV expand.

References

[1] P.Martin, D.Carter, F.Fabrizi, V.Dixit, A.J.Conrad, L.Artinian, et alHistopathological features of hepatitis C in renal transplant candidatesTransplantation 2000;692000:1479–1484.
[2] Kidney disease improving global outcomes (KDIGO): clinical practice guidelines for the prevention, diagnosis, evaluation and treatment of hepatitis C in chronic kidney disease. Kidney Int 2008;109:S1–99.

Paul Martin
Fabrizio Fabrizi
Center for Liver Diseases, University of Miami, 1500 NW 12th Ave., 31101 Miami, FL 33136, USA
Division of Nephrology and Dialysis, Maggiore Hospital, IRCCS Foundation, Milan, Italy
E-mail address: pmartin2@med.miami.edu

doi:10.1016/j.jhep.2008.12.002

Hepatitis E virus as an emerging cause of chronic liver disease in organ transplant recipients

To the Editor:

We read with great interest the very complete and up-to-date review by R.H. Purcell and S.U. Emerson on hepatitis E virus (HEV) [1]. It highlights that this virus is the leading or the second leading cause of acute hepatitis in adults in many parts of the developing world, and that an increasing number of sporadic autochthonous acute hepatitis E cases have been recently reported in industrialized countries [1]. Unexpectedly, a new clinical feature has just been described in association with autochthonous hepatitis E virus (HEV) infections in developed countries [2–4]. Indeed, since February 2008, cases of HEV-related chronic hepatitis have been reported in organ transplant recipients by three different teams, including ours. This finding still adds significant interest to hepatitis E, and questions the extent and